

<b>Case Number:</b>	CM13-0030037		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

40 year old male injured on: 10/15/09. The company was starting a new job in [REDACTED]. Tools for the job were located in [REDACTED] and he went with a coworker to get an asphalt cutting machine. The cutter was in a metal shed and other tools needed to be removed in order to access it. After loading the cutter into the truck he returned an 80 lb. generator to the storage shed. As he completed the activity he felt a pop in his back. Fifteen minutes later he could not bend over and was unable return to work. He was sent to a doctor in [REDACTED] with back pain eight to nine out of ten and no loss of bowel or bladder control. Under review are twelve individual psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **12 INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792.20-9792.26 Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792.20-9792.26 Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 23 has the following to state about Behavioral interventions: "Recommended. The

identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)"These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. However, an initial trial of 3-4 psychotherapy visits over 2 weeks should first be done per guidelines above. In this case, the records provided showed no evidence of a trial of psychotherapy. Further, the maximum visits per guideline are ten, not twelve. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. 12 psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.